

Name Last First Middle			Date of Birth - -		Plan Type
Social Security Number - -			Retirement Number		
Address		City	State	Zip	<input checked="" type="checkbox"/> Patrol – DROP
Home Phone	Work Phone	Employer			

**Investment Election Change Form – DROP**

**INVESTMENT ELECTION (FUTURE CONTRIBUTIONS ONLY)**

You must make your selection in whole increments. The total must equal 100%. This election will change the allocation of future DROP Plan contributions only. Funds are **not guaranteed** as to rate of return or principal stability. Your employer and NPERS are held harmless against any losses in these funds.

_____ % Investor Select	_____ % U.S. Core Plus Bond	_____ % LifePath Index 2040*
_____ % U.S. Bond Index	_____ % LifePath Index 2065*	_____ % LifePath Index 2035*
_____ % Stable Value	_____ % LifePath Index 2060*	_____ % LifePath Index 2030*
_____ % International Equity Index	_____ % LifePath Index 2055*	_____ % LifePath Index 2025*
_____ % U.S. Total Stock Market Index	_____ % LifePath Index 2050*	_____ % LifePath Index Retirement*
_____ % Global Equity	_____ % LifePath Index 2045*	

\*LifePath Index funds are a mix of stocks, bonds, etc. that gradually adjust to provide asset allocations that seek to mitigate risk closer to your intended retirement date.

**TRANSFER OF EXISTING BALANCES/ELECTED DEFERRALS**

A transfer will move a dollar amount or % of your existing funds from one investment fund to another.

TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.
TRANSFER \$	OR	% <u>from</u> the	FUND, <u>into</u> the	FUND.

I understand that my DROP contributions may not be withdrawn from the plan except in the event of termination, retirement, death, or disability. I authorize the above changes, and certify that the above information is accurate.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BAR CODE